Reset Form

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Report Fax Line: (515)281-4073 www.iowa.gov/ethics

# **Registration of Conduit Organization**

**Conduit Organization Information:** 

Copperhead Consulting Services		
Conduit Organization Name P.O. Box 188, 632 Poplar Street	Ocheyedan, IA 51354	
Mailing Address CCS@iowatelecom.net	City, State, Zip Code 712-758-3660	S 110Z
Email Address (Optional) Paul R. Dorr	Area Code & Telephone No.	<b>Q</b>
Contact Name		<del></del>
Mailing Address	City, State, Zip	
Email Address	Area Code & Telephone Number	<del></del>

#### Criteria to use this form:

- 1. Organization collects only earmarked contributions for distribution to designated committees.
- Organization makes no independent decisions concerning distribution of contributions received.
- 3. Organization provides all required information to recipient committees for disclosure purposes.

#### When to file:

This form must be filed with the Board on or before the organization collects and transfers funds to lowa committees. The failure to timely file this form leads to the imposition of civil penalties and the intentional failure to file the form may lead to additional civil and criminal sanctions.

For all questions regarding the use of this form, please call the lowa Ethics and Campaign Disclosure Board office at (515) 281-3489.

### Statement of Affirmation:

I, <u>| Au | R | Dorr | affirm</u> that the information reported above is accurate and the conduit organization falls within the required criteria. I understand that if the conduit organization ceases to comply with the criteria it is subject to all disclosure laws and subject to Board actions.

Signature

7971 Date